



# Indiana Department of Insurance

## Patient's Compensation Fund

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# *Certificate of Insurance*

# *Electronic Filing Procedures*

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# Home Page

IN.gov Indiana Department of Insurance

Electronic Filings

## Index

Welcome to the Indiana Patient's Compensation Fund ("IPCF") electronic filing database. The objective of this electronic system is to collect and store information concerning health care providers that participate in the IPCF.

In order to become a qualified health care provider and participate in the IPCF, a health care provider or a health care provider's insurance carrier must cause to be filed with the Commissioner proof of financial responsibility under IC 34-18-4; and pay the surcharge assessed on all health care providers under IC 34-18-5 to the Indiana Department of Insurance. Effective March 8, 2012, all carriers have the option of filing a Certificate of Insurance ("COI") and submitting payment electronically through this system. On June 1, 2012, it will be mandatory that all COI and surcharge payments be made electronically.

If you have questions relating to the application functionality or have questions on the surcharge, penalty and credits, please contact the Indiana Department of Insurance at [pct-coi@idoi.in.gov](mailto:pct-coi@idoi.in.gov), or 317-232-2402. If you are experiencing any application issues or have payment questions, please contact [www.IN.gov](http://www.IN.gov) at 317-233-2010 or [customerservice@www.in.gov](mailto:customerservice@www.in.gov).

### Log In

Username

Password

Forgot [user name](#) or [password](#)

### Create An Account

Type

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.53

The User name field is required. User name is case sensitive and can only contain numbers (0-9) and letters (A-Z). Special characters (!@#\$\$%^&\*) are **not** allowed. There is no minimum number required in this field, but the maximum is 20 letters and/or numbers.

The Password field is required. Password must contain at least 6 characters, with at least one (1) letter and one (1) number. Special characters (!@#\$\$%^&\*) are allowed. The maximum number of characters, letters and/or numbers is 10.

Click the **Forgot User Name** link to proceed with retrieving user name.

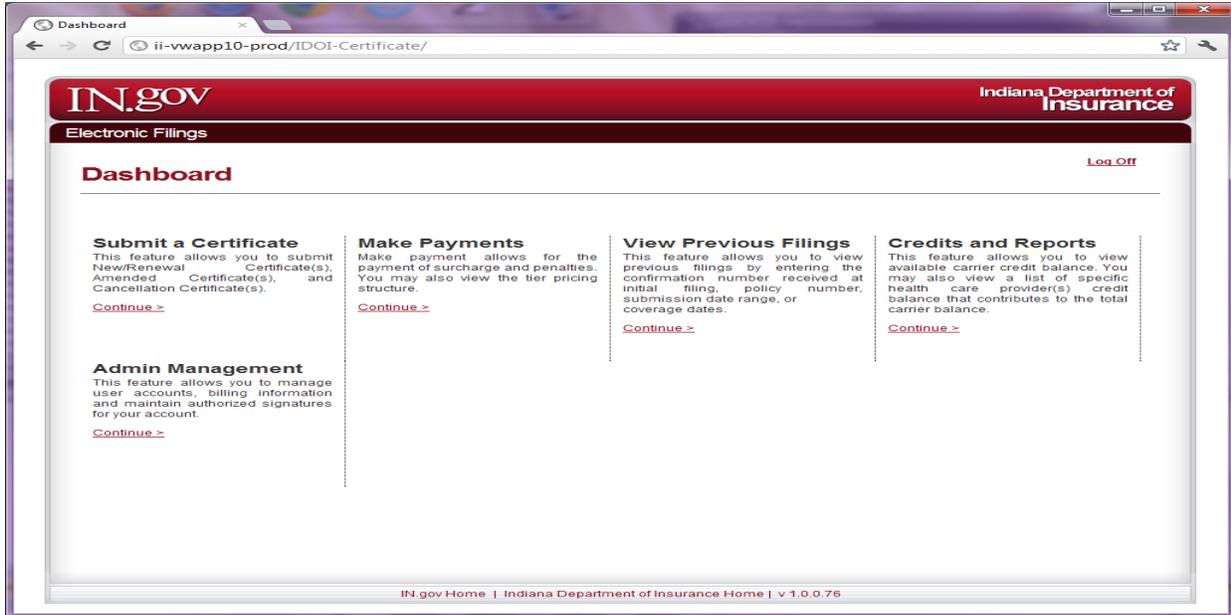
Click the **Forgot Password** link to proceed with retrieving password.

Click **Continue** to proceed with registration.

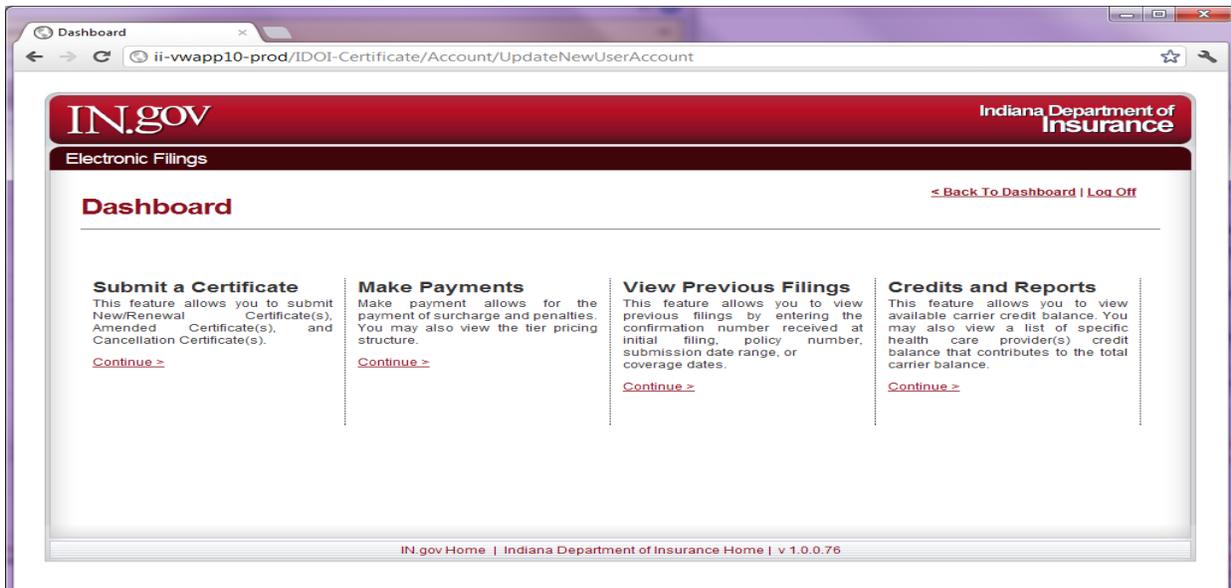
**\*If you have previously created your account**, then enter a valid username and password and click the **Submit** button to navigate to the dashboard.

# User Types and Permissions

There are 4 types of users (roles) on the IPCF application. Designated rights for each role are as follows:

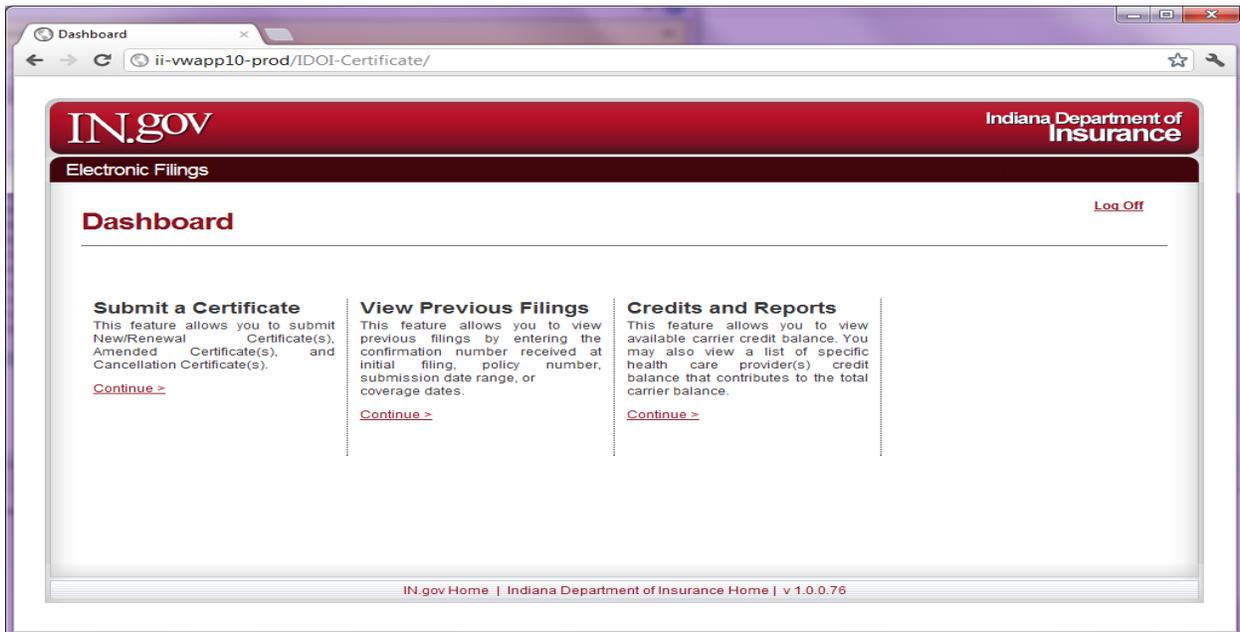


**Carrier Admin (Full management of carrier account)**

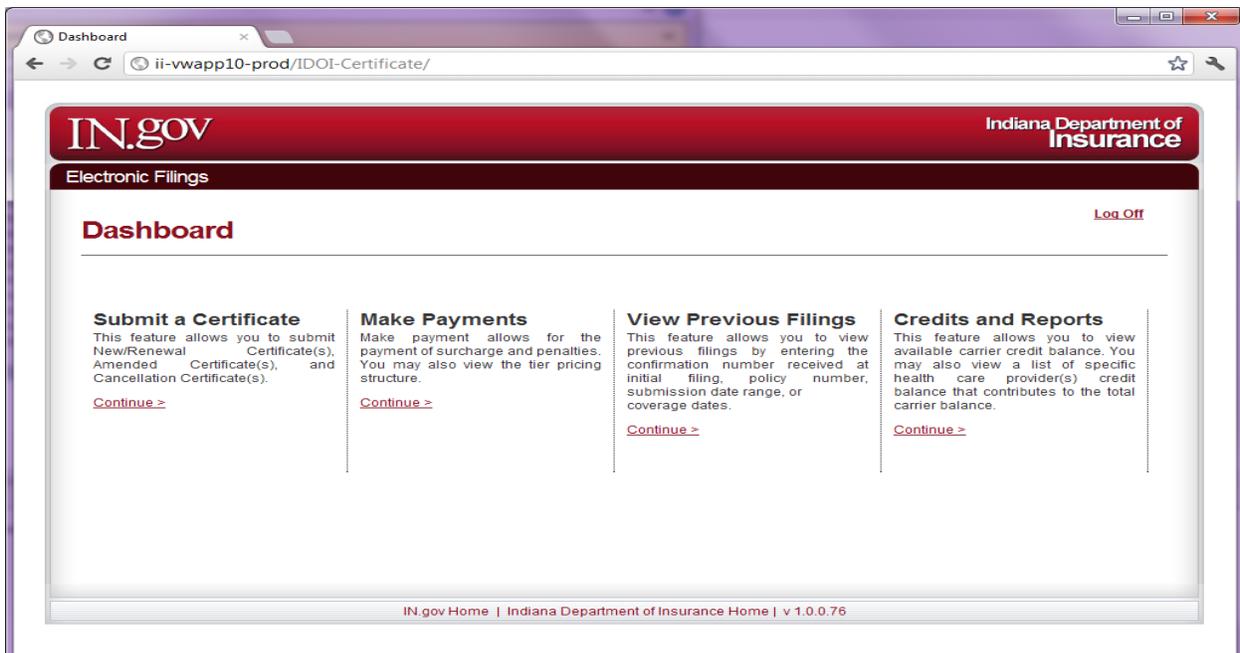


**Carrier Payer (Submit a Certificate, Make Payments, View Previous Filings, and View Credits & Reports)**

## User Types and Permissions (cont.)



### Carrier Filer (Submit a Certificate, View Previous Filings, and View Credits & Reports)



### Producer (Full Management of Producer Account)

Click **Continue** to proceed with desired function.

## Create a New Account Insurance Carrier

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Account/SelectNewAccountType`. The page header includes the **IN.gov** logo and the **Indiana Department of Insurance** name. Below the header is a dark red bar with the text **Electronic Filings**. The main heading is **Create A New Carrier Admin Account**, with links for [Back To Dashboard](#) and [Log Off](#). A note states *\* All Fields Are Required.* The form contains a question: "Are you a self-insured hospital?" with radio buttons for "Yes" and "No" (the "No" button is selected). Below this are two text input fields: "NAIC Code" and "Carrier Name". A red "Continue" button is positioned at the bottom of the form. The footer of the page reads "IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.53".

All fields are required.

The NAIC Code may only contain 5 numbers. If you are unsure of your NAIC number, please contact NAIC Customer Service at (816) 783-8300 or via email at [prodserv@naic.org](mailto:prodserv@naic.org). You can also look up the NAIC code at <https://eappps.naic.org/cis>.

Enter the full legal name of the insurance carrier you are registering.

Click **Continue** to proceed with registration.

## Insurance Producer

The screenshot shows a web browser window with the following elements:

- Browser tab: Create A New Producer Acc x
- Address bar: ii-vwapp10-prod/IDOI-Certificate/Account/SelectNewAccountType
- Header: IN.gov logo on the left, Indiana Department of Insurance on the right.
- Section: Electronic Filings (dark red bar)
- Page Title: Create A New Producer Account
- Links: < Back To Dashboard | Log Off
- Text: \* All Fields Are Required.
- Form Fields: Last Name (text input), License Number (text input).
- Button: Continue (red button)
- Footer: IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60

To register, producer must provide last name and valid license number.

Click **Continue** to proceed with registration.

## Insurance Carrier & Producer

IN.gov Indiana Department of Insurance

Electronic Filings

Create A New Account [< Back To Dashboard](#) | [Log Off](#)

\* All Fields Are Required.

**Company / Organization Information**

Company / Organization Name

Authorization Signature / Name

**User Information**

First Name

Last Name

Email Address

Username

Password

Confirm Password

All fields are required.

User name is case sensitive and can only contain numbers (0-9) and letters (A-Z). Special characters (!@#\$%^&\*) are not allowed. There is no minimum number required in this field, but the maximum is 20 letters and/or numbers.

Password must contain at least 6 characters, with at least one (1) letter and one (1) number. Special characters (!@#\$%^&\*) are allowed. The maximum number of characters, letters and/or numbers is 10.

Click **Continue** to proceed with registration.

## Insurance Carrier & Producer (cont.)

**Create A New Account**

ii-vwapp10-prod/IDOI-Certificate/Account/RegisterStep1CarrierAdmin

**Billing Information**

Country: United States

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: Indiana

Zip Code: \_\_\_\_\_

Phone: 1 - ( ) - x

**Account Security**

Security Question: -- Select Question --

Security Answer: \_\_\_\_\_

What is your mother's maiden name?  
What is the name of your favorite pet?  
What was the name of your first school?  
What is your father's middle name?  
What is the name of your favorite teacher?  
What is your favorite movie?  
Who is your favorite actor?

**Continue**

Department of Insurance Home | v 1.0.0.76

All fields are required.

Select a security question and provide an answer. Answer is not case sensitive.

Click **Continue** to proceed with registration.

## Insurance Carrier & Producer (cont.) Enroll for Unlimited Subscription

Enroll for Unlimited Subscri x

ii-wvapp10-prod/IDOI-Certificate/Account/RegisterStep2

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Electronic Filings

[< Back To Dashboard](#) | [Log Off](#)

### Enroll for Unlimited Subscription

Would you like to enroll for Unlimited Subscription?

You should receive an e-mail confirming your accounts creation soon.  
If you do not receive the e-mail shortly, please verify it was not placed in your e-mail SPAM folder.

To ensure IDOI e-mails are delivered properly, please add [customerservice@www.in.gov](mailto:customerservice@www.in.gov) to your address book.

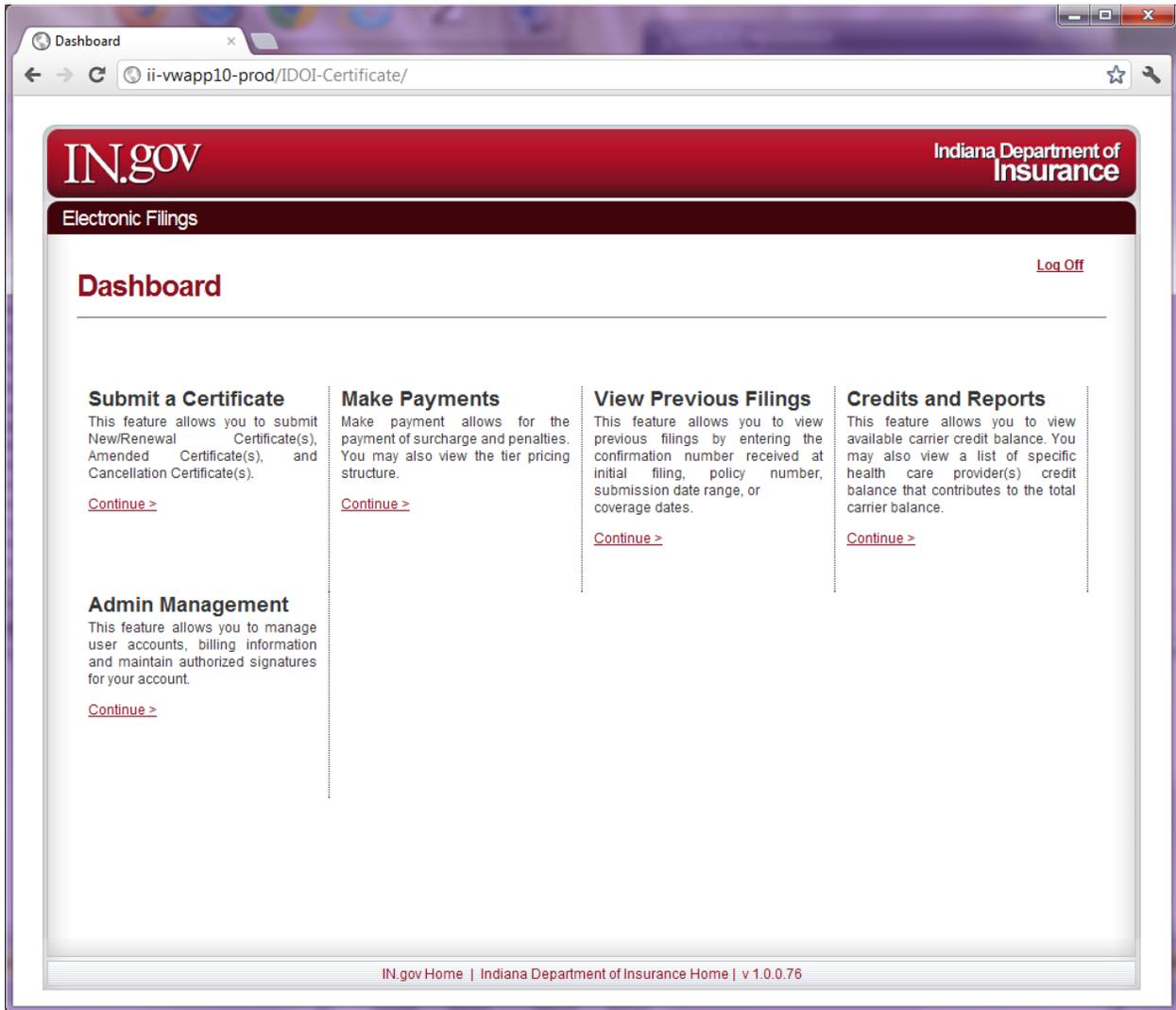
[No, Go to Dashboard](#) [Yes, Proceed to Checkout](#)

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.53

If you would like to enroll for unlimited subscription, please click **Yes, Proceed to Checkout**. An unlimited subscription allows user to manually enter and file an unlimited number of certificates for one year from date of enrollment. The fee for this service is \$1,500.00.

If you do not wish to enroll for unlimited subscription, please click **No, Go to dashboard**.

# Submit a Certificate



Click **Continue** to proceed with filing.

## Submit a Certificate (cont.)

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/Filing`. The page header includes the **IN.gov** logo and the **Indiana Department of Insurance** name. Below the header is a dark red bar with the text **Electronic Filings**. The main content area is titled **Manage Certificates** and includes a search bar and two buttons: **File a New / Renewal PCF Certificate** and **File an Amended / Cancellation Certificate**. A table with columns **Coverage Dates**, **Provider Name**, **Policy #**, **Surcharge**, **Penalty**, **Certificate**, and **Created By** is shown, but it is empty with the message "No data available in table". At the bottom of the page, there are buttons for **Select All**, **Add Selected Filings to Payer Queue**, and **Delete Selected**. The footer contains the text **IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.53**.

To file a new or renewal certificate, please click **File a New/Renewal Certificate**.

To Amend or Cancel a previously submitted certificate, please click **File an Amended/Cancellation Certificate**. A certificate that has been filed previously on paper cannot be amended electronically; you may only amend or cancel on paper.

## File a New / Renewal PCF Certificate All Other Types

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/File`. The page header features the **IN.gov** logo on the left and **Indiana Department of Insurance** on the right. Below the header is a dark red bar with the text **Electronic Filings**. The main content area has the title **File a New / Renewal PCF Certificate** and a link [< Back To Dashboard | Log Off](#). A section labeled *\* Required Field* contains a text input field for **Medical License # / EIN #** with a help icon to its right. At the bottom of the form are two buttons: **< Back** and **Continue**. The footer of the page contains the text [IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.54.

All other Types includes Individuals, Ancillary Providers and Independent Ancillary Providers.

Please enter a valid Indiana Medical License # or EIN. Only numbers are allowed for the License #. EIN may contain a dash (-).

If this is a new provider enrollment with the PCF, please contact [pcf-coi@idoi.IN.gov](mailto:pcf-coi@idoi.IN.gov) to have provider added to the PCF website database. Your request should be completed within 24 hours.

If you have previously amended the Medical License # or EIN, you should have notified IDOI to make this change in the PCF website database. If you have not already done so, please contact [pcf-coi@idoi.IN.gov](mailto:pcf-coi@idoi.IN.gov) to request this change to the PCF website database, and then you may proceed with filing this certificate.

Click **Continue** to proceed with filing.

## All Other Types (cont.)

File a New / Renewal PCF C x

ii-vwapp10-prod/IDOI-Certificate/Certification/FileStep1

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Electronic Filings

[< Back To Dashboard](#) | [Log Off](#)

### File a New / Renewal PCF Certificate

\* Required Field

**Certificate Information**

Provider Type All Other Types ?

ISO Code 80273 ?

Health Care Provider Name Amy Carter ?

D.B.A. ?

Add Remove Selected

Address

St. Francis Hosp & Health Ctrs  
1600 Albany St.  
Beech Grove  
Indiana  
46107  
United States

Insurance Carrier Name Testing Testing

All fields may be edited except for the NAIC Code and Insurance Carrier Name.

All fields are required except for the Date Surcharge Received From The Provider and D.B.A.'s. If adding a D.B.A. type in the name and either click **Add** or highlight the name and click **Remove Selected**.

An ISO Code may only contain five numbers.

Health Care Provider Name should be the full legal name of provider. When editing an individual's name, please enter in the following format: John E. Doe (First/Middle/Last)

D.B.A. - You may enter as many D.B.A.'s as needed, but you must enter them one at a time, and then click Add. You may also remove a d.b.a. from the list by selecting the name of the d.b.a. and then click Remove Selected.

Click **Continue** to proceed with registration.

## All Other Types (cont.)

The screenshot shows a web browser window with the URL `ii-wvapp10-prod/IDOI-Certificate/Certification/FileStep1`. The form is titled "File a New / Renewal PCF C x". It contains the following fields and options:

- NAIC Code:** 36234
- EIN # / Medical License Number(s):** 01047065. Includes "Add" and "Remove Selected" buttons.
- Policy Number:** (empty)
- Type of Policy:** Radio buttons for "Occurrence" (selected), "Claims Made", and "Reporting Endors".
- Coverage Dates:** "From" and "To" date pickers.
- Date Surcharge Received From The Provider:** Date picker.
- Limits of Liability:** "From" and "To" numeric input fields, both set to 0.
- Premium Amount:** (empty)

At the bottom of the form are "< Back" and "Continue" buttons. The footer of the browser window reads: "IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54".

EIN / Medical License Number may be edited on this page. **PLEASE BE AWARE** that modifying an EIN or License Number will not update the Agency website. Please contact [pcf-coi@idoi.IN.gov](mailto:pcf-coi@idoi.IN.gov) to request this change be made to the Indiana Patient's Compensation Fund database.

Policy Number may contain numbers or letters. Type of Policy must be selected. When choosing a claims made or reporting endorsement, a retro date must be entered. **The retro date is the date of the first claims made policy with the Indiana Patient's Compensation Fund.** This date might be different from the underlying retro date. If the underlying policy is an occurrence policy, no other date is required.

Coverage dates – enter the policy effective dates. Dates may not exceed one year, except for reporting endorsements. If entering coverage dates less than a year, you will be asked to verify later if this is a Pro-Rated or Locum Tenen policy. Start coverage date may not exceed 180 days of the date certificate is submitted. **If the coverage dates are between 91 and 180 days late from the policy effective date, the certificate will require agency verification.** Information will be saved on the electronic filing system, but will not be processed until approved by the IDOI. Please submit an Appeal Letter and No Known Claims Loss Letter directly to [pcf-coi@idoi.IN.gov](mailto:pcf-coi@idoi.IN.gov) for approval pursuant to I.C. 34-18-3-5. You may also use this email address if you have further questions regarding the appeal procedure. Once the filing is approved or denied, you will be notified whether to proceed with payment of surcharge and penalties.

Date Surcharge Received From the Provider – this is an optional field. It is the date that surcharge was received by the carrier from the provider.

Minimum Occurrence Limits of Liability is \$250,000. This field cannot have a lesser amount, but the minimum occurrence limit of liability may be a greater amount. It is the Department's position that if higher limits are maintained, those limits must be tendered first. Minimum Aggregate Limits of Liability is \$750,000. Pursuant to IC 34-18-4-1, the minimum aggregate limit of liability may be higher depending on the type of provider, such as for a Nursing Home or Hospital.

Premium Amount field is not required for hospitals and nursing homes. All other provider types must have amount entered in this field, even if the carrier has not charged the provider a premium for the policy. In this case, you may enter 0.

Click **Continue** to proceed with filing.

## All Other Types (cont.)

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/FileStep2`. The page header includes the IN.gov logo and the text "Indiana Department of Insurance". The main heading is "Electronic Filings" and the sub-heading is "File a New / Renewal PCF Certificate". There are links for "< Back To Dashboard" and "Log Off".

The form contains several sections with radio button options:

- Proration:**  Pro-Rated,  2nd Policy,  Locum
- Credits:** *You may select only one credit.*
  - Part Time Credits:**  0 to 12 hrs. 75%,  >12 to <25 hrs. 50%,  =25 to <31 hrs. 25%
  - Medical School Faculty:**  67%
  - Retired:**  Retired
  - Newly Licensed Physician:**  1st Year 50%,  2nd Year 25%
  - Fellowship:**  Full Time 50%
  - Greater of:**  Full time surcharge for medical practice outside fellowship.,  50% of surcharge due for specialty class of fellowship.
  - None:**  I have no credits.

At the bottom of the form are buttons for "< Back" and "Continue". A modal dialog box is overlaid on the form, containing the text: "The page at ii-vwapp10-prod says: Please verify whether this is a Pro-Rated or Locum Tenen policy." and an "OK" button.

Credit selection is a required field. By default, the system selects **I have no credits**. Please verify that this is the correct selection before proceeding.

If you have previously entered pro-rated coverage dates, then you will be asked to verify if this is a **Pro-Rated or Locum Tenen policy**.

Click **Continue** to proceed with filing.

## All Other Types (Independent Ancillary Providers)

File a New / Renewal PCF C x

ii-vwapp10-prod/IDOI-Certificate/Certification/FileStep2

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Electronic Filings

File a New / Renewal PCF Certificate [< Back To Dashboard](#) | [Log Off](#)

\* Required Field

**Credits** *You may select only one credit.*

**Part Time Credits**

0 to 12 hrs. 75%

>12 to <25 hrs. 50%

=25 to <31 hrs. 25%

**None**

I have no credits.

< Back Continue

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54

Independent Ancillary Providers will only see the allowable part-time credits before proceeding. By default, the system selects **I have no credits**. Please verify that this is the correct selection before proceeding.

Click the **Continue** button to proceed with filing.

# Hospital

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[File a New / Renewal PCF Certificate](#) [Back To Dashboard](#) | [Log Off](#)

\* Required Field

### Hospital Exposure

Provide # of Beds

Exposure	Cost	Subtotal
<input type="text" value="0"/> Hospital (Acute Care and Intensive Care)	\$599.00	\$0.00
<input type="text" value="0"/> Mental Health/Rehabilitation	\$300.00	\$0.00
<input type="text" value="0"/> Extended Care/Intermediate Care/Residential	\$30.00	\$0.00
<input type="text" value="0"/> Nursing Home/Critical Extended Care	\$300.00	\$0.00
<input type="text" value="0"/> Health Institution/Assisted Living/Other	\$120.00	\$0.00
<input type="text" value="0"/> Bassinets	\$599.00	\$0.00

### # of Visits

Exposure	Cost	Subtotal
<input type="text" value="0"/> Emergency Room	\$59.90	\$0.00
<input type="text" value="0"/> Clinics/Others	\$29.95	\$0.00
<input type="text" value="0"/> Mental Health/Rehabilitation	\$14.98	\$0.00
<input type="text" value="0"/> Health Institution	\$11.98	\$0.00
<input type="text" value="0"/> Home Health Care	\$29.95	\$0.00

Any entity, person or activity not identified in this surcharge worksheet might not be included in the hospital's coverage with the Patient's Compensation Fund.

Please enter the number of registered beds, number of visits, and number of surgeries and births.

## Hospital (cont.)

**Employed Physicians**  
*List all employed physicians included in this coverage under the specialty class code section.*  
*Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.*

**Class 0**

Exposure	Rate	Subtotal	Physicians
<b>Full-Time</b>	\$1,783.00	\$0.00	+

Physician First Name:

Physician Last Name:

Dropdown: Test Test

67% Teaching	\$588.39	\$0.00	+
0-12 hrs. 75%	\$445.75	\$0.00	+
13-24 hrs. 50%	\$891.50	\$0.00	+
25-30 hrs. 25%	\$1,337.25	\$0.00	+
Fellowship	\$993.00	\$0.00	+
<b>CLASS 0 TOTAL</b>		<b>\$0.00</b>	

All employed physician names must be entered under the correct specialty class code. **Click the green plus (+) sign**, type in physician name, and then click **Add Physician**. Each physician must be added separately. The total number of physicians will be calculated automatically on the worksheet.

**Employed Physicians**  
*List all employed physicians included in this coverage under the specialty class code section.*  
*Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.*

**Class 0**

Exposure	Rate	Subtotal	Physicians
<b>Full-Time</b>	\$1,783.00	\$0.00	+

Physician First Name:

Physician Last Name:

Dropdown: Test Test

67% Teaching	\$588.39	\$0.00	+
0-12 hrs. 75%	\$445.75	\$0.00	+
13-24 hrs. 50%	\$891.50	\$0.00	+
25-30 hrs. 25%	\$1,337.25	\$0.00	+
Fellowship	\$993.00	\$0.00	+
<b>CLASS 0 TOTAL</b>		<b>\$0.00</b>	

If you would like to remove a physician, click **Remove Physician**.

## Hospital (cont.)

<b>Sub Total B</b>	<b>\$0.00</b>
<b>Total of A &amp; B</b>	<b>\$0.00</b>

Lack of Risk Mangement Program 10% Penalty x Total of A & B

Hospital with > 500 Beds 3% Multiplier of Total A & B

<b>Total Surcharge Due</b>	<b>\$0.00</b>
----------------------------	---------------

< Back      Calculate Surcharges      Continue

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Please verify whether Lack of Risk Management Program or Hospital with >500 Beds option applies.

Click Calculate Surcharges, and Sub Totals will populate on the worksheet.

Click **Continue** to proceed with filing.

## Nursing Home

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[File a New / Renewal PCF Certificate](#) [Back To Dashboard](#) | [Log Off](#)

\* Required Field

<input type="text" value="0"/>	Extended Care/Intermediate Care/Residential	\$30.00	\$0.00
<input type="text" value="0"/>	Nursing Home/Critical Extended/Comprehensive Care	\$300.00	\$0.00

**Employed Physicians**

List all employed physicians included in this coverage under the specialty class code section.

Any entity, person or activity not identified in this surcharge worksheet may not be included in the hospital's coverage with the Patient's Compensation Fund.

Class 0	Exposure	Rate	Subtotal	Physicians
	Full-Time	\$1,986.00	\$0.00	+
	67% Teaching	\$655.38	\$0.00	+
	0-12 hrs. 75%	\$496.50	\$0.00	+
	13-24 hrs. 50%	\$933.00	\$0.00	+
	25-30 hrs. 25%	\$1,489.50	\$0.00	+
	Fellowship	\$993.00	\$0.00	+
<b>CLASS 0 TOTAL</b>			<b>\$0.00</b>	

Any entity, person or activity not identified in this surcharge worksheet might not be included in the nursing home's coverage with the Patient's Compensation Fund.

Please enter the number of **Extended Care/Intermediate Care/Residential** and/or **Nursing Home/Critical Extended/Comprehensive Care**.

All employed physician names must be entered under the correct specialty class code. **Click the green plus (+) sign**, type in physician name, and then click **Add Physician**. Each physician must be added separately. The total number of physicians will be calculated automatically.

## Nursing Home (cont.)

File a New / Renewal PCF C x

ii-vwapp10-prod/IDOI-Certificate/Certification/FileStep2

Lack of Risk Mangement Program 10% Penalty x Total of A & B

<b>Total Surcharge Due</b>	<b>\$0.00</b>
----------------------------	---------------

< Back      Calculate Surcharges      Continue

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

Please verify whether Lack of Risk Management Program option applies.

Click **Calculate Surcharges**, and Sub Totals will populate.

Click **Continue** to proceed with filing.

# Verify Information (all provider types)

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[< Back To Dashboard](#) | [Log Off](#)

---

## File a New / Renewal PCF Certificate

\* Required Field

### Verify Certificate Information

<b>Provider Type</b>	Nursing Home
<b>Insurance Carrier Name</b>	Testing
<b>NAIC Code</b>	36234
<b>ISO Code</b>	80923
<b>Health Care Provider Name</b>	Test heather
<b>D.B.A.</b>	
<b>Medical License Number(s) / EIN #</b>	35-1546864/09-000304-1
<b>Address</b>	36 Valley Dr. Lawrenceburg, Indiana 47025 United States
<b>Policy Number</b>	222222
<b>Type of Policy</b>	Occurrence
<b>Coverage Dates</b>	From 4/18/2012 To 4/30/2012
<b>Date Surcharge Received From The Provider</b>	4/19/2012
<b>Limits of Liability</b>	\$250000 - \$750000

### Verify Surcharges

<b>Total Surcharges</b>	\$0.00
-------------------------	--------

### Verify Credits

### Submit Certificate

The undersigned Insurance Company/Broker, hereby certifies limits of liability on behalf of the above referenced Health Care Provider of not less than Two Hundred and Fifty Thousand (\$250,000) Dollars for each occurrence and with an annual aggregate of Seven Hundred and Fifty Thousand (\$750,000) Dollars as required, unless otherwise mandated by statute, for claims against said Health Care Provider as a result of Medical Malpractice, or allegation thereof, within the State of Indiana, and further that said policy of insurance complies in all respects with the provisions of the Indiana Medical Malpractice Act, Indiana Code 34-18-1-1 et seq.

I further certify that the surcharge for the above-referenced health care provider for the period specified in this policy is at the appropriate surcharge as designated by statute, rules, and IDOI bulletins. Said Company/Broker also agrees to collect and remit the rated surcharge or a minimum surcharge of one hundred (\$100.00) dollars, whichever is larger, for each year of the period of coverage to the Department of Insurance, Patient's Compensation Fund, State of Indiana, within thirty (30) days of receipt from provider, but not more than sixty (60) days from the effective date of said policy.

I further acknowledge that in the event of termination of the policy herein certified, or any reduction of liability limit, such termination or change shall not be effective unless notice of same has been delivered to the Department of Insurance, State of Indiana, not less than thirty (30) days prior to such change. Notice shall be considered to have been given upon placing same in the United States mail by First Class Certified Mail, a copy of which shall have been mailed to the health care provider.

By clicking submit you are verifying that all information submitted is accurate.

<b>Electronic Signature</b>	<input type="text" value="Testing"/>
<b>Date</b>	4/18/2012

**< Back****Submit**

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60

Please verify that all information is accurate and then click **Submit**. If there are any errors, please click the **Back** button.

## Manage Certificates - Add Selected Filings to Payer Queue

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/submitCertificate`. The page header includes the IN.gov logo and the text "Indiana Department of Insurance". Below the header, there is a navigation bar with "Electronic Filings" and a "Manage Certificates" section. A search bar and two buttons, "File a New / Renewal PCF Certificate" and "File an Amended / Cancellation Certificate", are visible. A table displays two entries for certificates, each with a checkbox for selection. The table columns are: Coverage Dates, Provider Name, Policy #, Surcharge, Penalty, Certificate, and Created By. Below the table, there are pagination controls and three buttons: "Select All", "Add Selected Filings to Payer Queue", and "Delete Selected".

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
<input type="checkbox"/>	4/4/2012 - 4/30/2012	Amy Carter	45645	\$339.50	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/4/2012 - 4/30/2012	Amy Carter	456	\$339.50	\$0.00	New Filing	Heather Derringer	View

After you have submitted certificates, they will appear in this list. You may sort by any of the header fields by clicking once.

You may select an individual certificate to view, or select ones to add to the payer queue, or delete any certificate.

To add to the payer queue, select the certificate(s) and click the **Add Selected Filings to Payer Queue** button.

To delete the certificate, select the certificate(s) and click the **Delete Selected** button.

**WARNING:** Deleted certificates cannot be retrieved and must be re-entered.

## File an Amended / Cancellation Certificate Search for Certificate

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/AmendOrCancel`. The page header includes the **IN.gov** logo and the **Indiana Department of Insurance** name. Below the header is a navigation bar with **Electronic Filings** and links for [Back To Dashboard](#) and [Log Off](#). The main heading is **File an Amended / Cancel Certificate**. The form contains the following fields:

- Certificate Confirmation Number**: A single text input field.
- Provider Name**: A single text input field.
- Policy Number**: A single text input field.
- Submission Date Range**: Two date pickers labeled **From** and **To**.
- Coverage Dates**: Two date pickers labeled **From** and **To**.

At the bottom of the form are two buttons: **< Back** and **Submit**. The footer of the page contains the text: `IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54`.

You may search for a previously submitted certificate by entering information into any of the search fields. Your search can be narrowed by entering as much known information as possible. The Certificate Confirmation Number was provided via email when the certificate was previously submitted.

Click **Submit** to proceed.

## File an Amended Certificate

Amended Or Cancel Filings

Electronic Filings

[Back To Dashboard](#) | [Log Off](#)

Amended Or Cancel Filings

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	Amend	Cancel
<input type="checkbox"/>	4/4/2012 - 4/25/2012	Amy Carter	5464	\$1.00	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/2/2012 - 4/30/2012	Amy Carter	4565	\$100.00	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/3/2012 - 4/26/2012	Amy Carter	56456454	\$300.32	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	546564564	\$352.55	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	4564	\$100.00	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	4566	\$100.00	\$0.00	New Filing	Heather Derringer	Amend	Cancel
<input type="checkbox"/>	4/4/2012 - 4/30/2012	Timmy Bee	456	\$169.75	\$0.00	New Filing	Heather Derringer	Amend	Cancel

Showing 1 to 7 of 7 entries

[First](#)
[Previous](#)
[1](#)
[Next](#)
[Last](#)

[Select All](#)
[Export to PDF](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54

Previously submitted certificates will appear in a list. By clicking the box next to the certificate, you may amend or cancel by clicking on Amend or Cancel.

You may also export an individual certificate or select all to export all certificates to a .PDF list.

If you would like to go back to the Dashboard, click **Return to Dashboard**.

## File an Amended Certificate (cont.)

**IN.gov** Indiana Department of Insurance

Electronic Filings [< Back To Dashboard](#) | [Log Off](#)

---

### Amend / Edit PCF Certificate

*\* Required Field*

**Certificate Information**

**Provider Type** All Other Types ?

**ISO Code**  ?

**Health Care Provider Name**  ?

**D.B.A.**  ?

**Address**

**Insurance Carrier Name** Testing

**NAIC Code** 36234

**EIN # / Medical License Number(s)**  ?

**Policy Number**  ?

**Type of Policy**  Occurrence ?  
 Claims Made  
 Reporting Endors

**Coverage Dates** From    
To   ?

**Date Surcharge Received From The Provider**   ?

**Limits of Liability** From  ?  
To

**Premium Amount**  ?

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60

At the top of this page is the information that was originally submitted for this provider. You now have the option to edit the fields at the bottom of the page. The fields have auto-populated with the original information for your review and confirmation. Please enter new information carefully.

Click **Continue** to proceed with filing.

## File an Amended Certificate (cont.)

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/Filing`. The page header includes the **IN.gov** logo and the **Indiana Department of Insurance** name. Below the header is a dark red bar with the text **Electronic Filings**. The main content area is titled **Manage Certificates** and includes a search bar and two buttons: **File a New / Renewal PCF Certificate** and **File an Amended / Cancellation Certificate**. A table displays a single entry with the following data:

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
4/3/2012 - 4/30/2012	Amy Carter	4564	\$100.00	\$0.00	Amendment	Heather Derringer	View

Below the table, there are navigation buttons: **First**, **Previous**, **1**, **Next**, and **Last**. At the bottom of the page, there are three buttons: **Select All**, **Add Selected Filings to Payer Queue**, and **Delete Selected**. The footer contains the text `IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.55`.

The certificate that has been amended will now show a status of Amendment. You may continue to search for and amend or cancel more certificates, or you may proceed to **Add Selected Filings to Payer Queue**.

When finished, click **Back to Dashboard**.

## File a Cancellation Certificate

IN.gov Indiana Department of Insurance

Electronic Filings

[< Back To Dashboard](#) | [Log Off](#)

### File A Certificate Cancellation

---

#### Certificate Information

Provider Type	All Other Types
Insurance Carrier Name	Testing
NAIC Code	36234
ISO Code	80273
Health Care Provider Name	Amy Carter
EIN #	01047065
Medical License Number(s)	01047065
Address	St. Francis Hosp & Health 1600 Albany St. Beech Grove, Indiana 46107 United States
Policy Number	4564
Type of Policy	Reporting Endorsement
Coverage Dates	From 4/3/2012 To 4/30/2012
Date Surcharge Received From The Provider	4/12/2012 12:00:00 AM
Limits of Liability	\$250,000.00 - \$750,000.00
Surcharge	*The surcharge will be calculated upon clicking the Submit button.

#### Credits

None

#### Cancellation Details

\*Effective Date

\*Cancellation Reason

[< Back](#)

[Continue](#)

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60

At the top of this page is the information that was originally submitted for this provider. You now have the option to edit the fields at the bottom of the page.

The Effective Date is the date of the cancellation has become or will become effective. **PLEASE NOTE:** Termination or change shall not be effective unless notice of same has been delivered via the electronic filing system to the Department of Insurance, State of Indiana, **not less than thirty (30) days prior to such change.** Please enter new information carefully. A Cancellation Reason must also be given.

Click **Continue** to proceed with filing.

## File a Cancellation Certificate (cont.)

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Certification/Filing`. The page header includes the IN.gov logo and the text "Indiana Department of Insurance". Below the header, there is a navigation bar with "Electronic Filings" and a "Manage Certificates" section. A search bar and two buttons, "File a New / Renewal PCF Certificate" and "File an Amended / Cancellation Certificate", are visible. A table displays two entries:

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	4564	\$100.00	\$0.00	Amendment	Heather Derringer	View
<input type="checkbox"/>	4/4/2012 - 4/30/2012	Timmy Bee	456	\$0.00	\$0.00	Cancellation	Heather Derringer	View

Below the table, there are pagination controls: "Showing 1 to 2 of 2 entries", "First", "Previous", "1", "Next", and "Last". At the bottom of the interface, there are three buttons: "Select All", "Add Selected Filings to Payer Queue", and "Delete Selected". The footer of the page contains the text "IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.55".

The certificate that has been cancelled will now show a status of Cancellation. You may continue to search for and amend or cancel more certificates, or you may proceed to **Add Selected Filings to Payer Queue**.

When finished, click **Back to Dashboard**.

## Manage Certificates - Add Selected Filings to Payer Queue

The screenshot shows the 'Manage Certificates' page in the Indiana Department of Insurance's web application. The page features a search bar, navigation links for 'File a New / Renewal PCF Certificate' and 'File an Amended / Cancellation Certificate', and a table of certificate entries. The table has columns for Coverage Dates, Provider Name, Policy #, Surcharge, Penalty, Certificate, and Created By. Below the table are pagination controls and three action buttons: 'Select All', 'Add Selected Filings to Payer Queue', and 'Delete Selected'. The footer includes 'IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.69'.

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
<input type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH	BATCH	\$100.00	\$0.00	New Filing	Heather Testing	View
<input type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH1	BATCH1	\$100.00	\$0.00	New Filing	Heather Testing	View
<input type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH2	BATCH2	\$100.00	\$0.00	New Filing	Heather Testing	View
<input type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH4	BATCH4	\$324.00	\$0.00	New Filing	Heather Testing	View

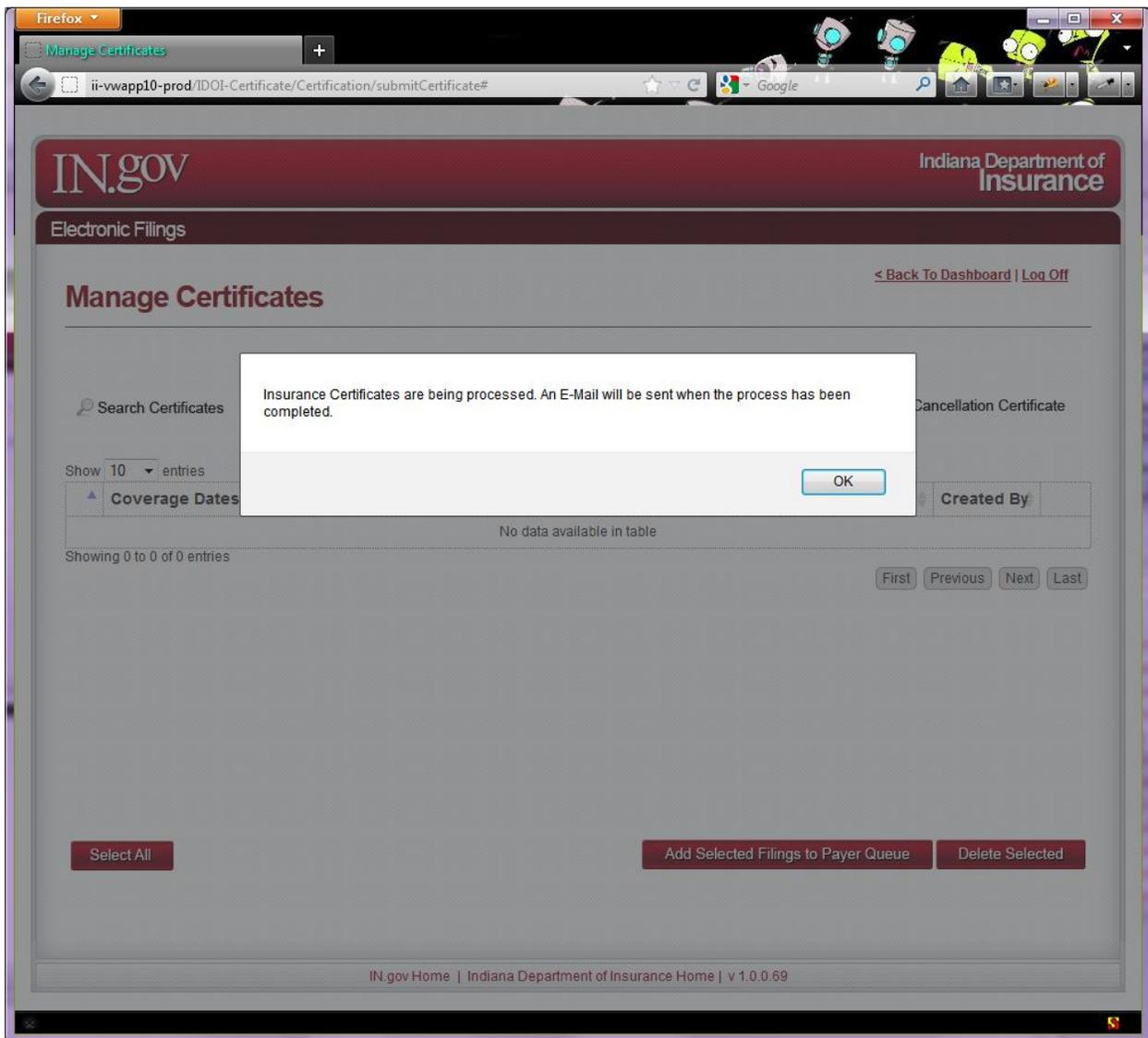
After you have submitted an amended or cancellation certificate, it will appear in this list. You may select an individual certificate to view by clicking the check box next to the provider name or Select All to add to payer queue, or delete.

You may sort by any of the header fields by clicking once.

To proceed, click **Add Selected Filings to Payer Queue** or **Delete Selected**.

Click **Return to Dashboard** to make payment(s).

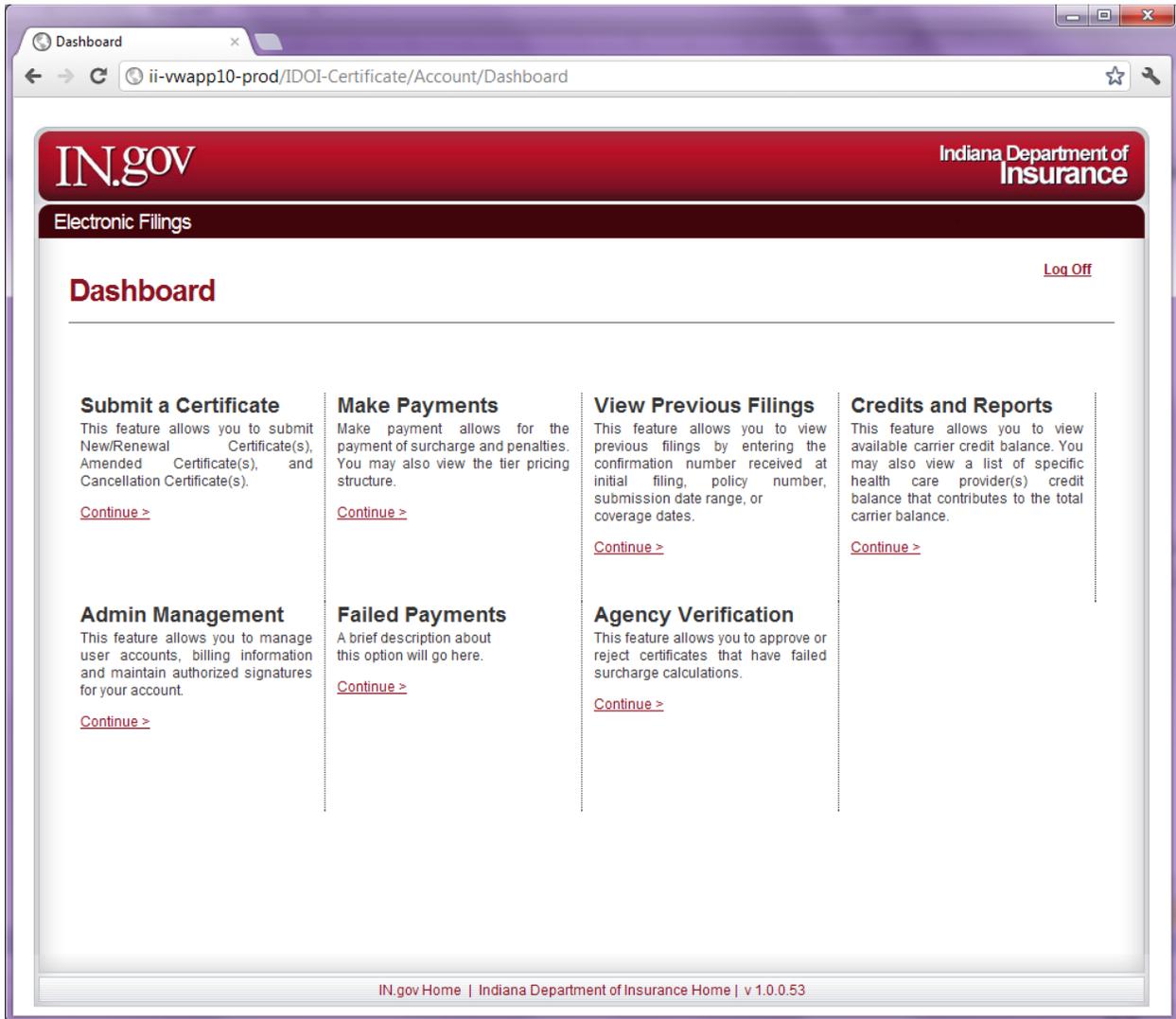
## Manage Certificates - Add Selected Filings to Payer Queue (cont.)



You will see this prompt notifying you that your certificates are being processed and that an email will be sent once the payment process can be completed.

Click **Back to Dashboard** to proceed.

# Make Payments



Click **Continue** under Make Payment option on the Dashboard to make payment for selected filings.

## Search Certificates

The screenshot shows a web browser window with the URL `ii-wvapp10-prod/IDOI-Certificate/Payment/Index`. The page header includes the `IN.gov` logo and the text "Indiana Department of Insurance". Below the header is a dark red bar with the text "Electronic Filings". The main content area is titled "Make Payments" and includes a link for "[Back To Dashboard](#) | [Log Off](#)". A "Search Certificates" button is positioned to the right of the search form.

**Certificate Search**

Coverage Dates: From  To

Provider Name:

Policy #:

Surcharge: From  To

Certificate Type:

Created By:

You may search for a certificate by entering information into the search fields. Your search will be narrowed by entering as much information into as many search fields as you can. Click the **Submit** button to proceed.

## Search Certificates (cont.)

**IN.gov** Indiana Department of Insurance

Electronic Filings

[Back To Dashboard](#) | [Log Off](#)

### Make Payments

[Search Certificates](#)

Show  entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
<input checked="" type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH	BATCH	\$100.00	\$0.00	New Filing	Heather Testing	<a href="#">View</a>
<input checked="" type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH1	BATCH1	\$100.00	\$0.00	New Filing	Heather Testing	<a href="#">View</a>
<input checked="" type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH2	BATCH2	\$100.00	\$0.00	New Filing	Heather Testing	<a href="#">View</a>
<input checked="" type="checkbox"/>	4/26/2012 - 4/30/2012	BATCH4	BATCH4	\$100.00	\$0.00	New Filing	Heather Testing	<a href="#">View</a>

Showing 1 to 4 of 4 entries

[First](#) [Previous](#) [1](#) [Next](#) [Last](#)

[Select All](#) [Pay Selected Filings](#)

Tier Pricing Structure			
# of Certificates	Cost	# of Certificates	Cost
Single (1) Certificate	\$10.00	101 to 500 Certificates	\$95.00
2 to 10 Certificates	\$35.00	501 or more Certificates	\$150.00
11 to 100 Certificates	\$65.00	Unlimited Subscription	<b>\$1,500.00</b>

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.69

The certificate(s) defined in your search will be displayed here. You may select an individual certificate to view by clicking the check box next to the provider name or **Select All** to make your payment. You may also sort by any of the header fields by clicking on the header name.

To proceed, click **Pay Selected Filings**. A "Please Wait" icon will appear.

## Pay Selected Filings – Checkout Process

The screenshot displays the 'Make Payments' interface on the IN.gov website. The page title is 'Make Payments' and it includes a search bar for certificates. A table lists the available filings for payment:

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
4/4/2012 - 4/30/2012	Amy Carter	45645	\$339.50	\$0.00000	New Filing	Heather Derringer	View

Below the table, there are navigation buttons: 'First', 'Previous', '1', 'Next', and 'Last'. At the bottom of the page, there are two buttons: 'Select All' and 'Pay Selected Filings'.

**Tier Pricing Structure**

# of Certificates	Cost	# of Certificates	Cost
Single (1) Certificate	\$10.00	101 to 500 Certificates	\$95.00
2 to 10 Certificates	\$35.00	501 or more Certificates	\$150.00
11 to 100 Certificates	\$65.00	Unlimited Subscription	<u>\$1,500.00</u>

You may choose to select individual certificates or click on **Select All** to proceed with payment. Click the check boxes and then click **Pay Selected Filings**.

You may view any available credit balance on the Dashboard under Credits and Reports **prior to** beginning the checkout process.

The Tier Pricing Structure appears at the bottom of the screen. This fee will automatically be inserted according to the number of certificates that are being submitted in one payment. If you have enrolled for the Unlimited Subscription option, there will be no additional fee attached to this filing, other than the surcharge amount(s).

## Pay Selected Filings – Checkout Process (cont.)

The screenshot displays the 'Payment' page within the 'Electronic Filings' section of the IN.gov website. The page header includes the IN.gov logo and the text 'Indiana Department of Insurance'. Below the header, there are links for '< Back To Dashboard' and 'Log Off'. The main heading is 'Payment'. A table lists four cancellation certificates, each with a coverage date of 5/7/2012 - 5/31/2012, a provider name, a policy number, and zero charges for surcharge and penalty. The certificates are all 'Cancellation' type and were created by Heather Derringer. Each row has a 'View' link. At the bottom of the table area, there are two buttons: '< Back' and 'Make Payment'. The footer of the page contains the text 'IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76'.

Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	
5/7/2012 - 5/31/2012	Cancel NH batch	Cancel NH batch	\$0.00	\$0.00	Cancellation	Heather Derringer	View
5/7/2012 - 5/31/2012	Cancel H batch	Cancel H batch	\$0.00	\$0.00	Cancellation	Heather Derringer	View
5/7/2012 - 5/31/2012	Cancel IAP batch	Cancel IAP batch	\$0.00	\$0.00	Cancellation	Heather Derringer	View
5/7/2012 - 5/31/2012	Cancel AOT batch	Cancel AOT batch	\$0.00	\$0.00	Cancellation	Heather Derringer	View

**WARNING:** Once you begin this payment process, you must complete it. If not, the certificate(s) will disappear from the list and will need to be re-created as the system does not save information once the payment process has begun. Certificates will not appear in the View Previous panel until they have gone through the complete payment process.

Click **Make Payment** after you have selected certificate(s) and verified the certificate(s) are the ones you want to submit for payment.

## Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)

**IN.gov** Indiana Department of Insurance

Electronic Filings [← Back To Dashboard](#) | [Log Off](#)

### Checkout

**Step 1**   Step 2   Step 3

*\* Required Field*

#### Billing Information

\*First Name

Middle Name

\*Last Name

\*Address

\*City

\*State or Province

\*Zip Code

\*Phone

\*E-mail Address

#### Payment Information

\*Payment Type

\*Card Type

\*Card Number   
For added security, please use the number pad to the right.

7	8	9
4	5	6
1	2	3
CLEAR	0	BKSP

\*CVV Code

\*Expiration Date

#### Surcharge

\$339.50

#### Credits

Credit Available \$1,863.27

Amount to Apply

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.60

Please select the type of payment you are making; current payment methods will only accept Mastercard, Visa or Echeck. For added security, enter account information by using the number pad to the right. If you have current available credit, it will appear on this page. You may choose to use all or a portion of the credit balance by entering the amount in the Amount to Apply field.

Click **Continue** to Proceed.

## Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)

The screenshot shows a web browser window with the URL `ii-vwapp10-prod/IDOI-Certificate/Payment/PaymentStep1`. The page header includes the **IN.gov** logo and the text **Indiana Department of Insurance**. Below the header is a dark red bar with the text **Electronic Filings**. The main content area is titled **Checkout** and includes a navigation bar with three steps: **Step 1**, **Step 2** (highlighted), and **Step 3**. There are links for [Back To Dashboard](#) and [Log Off](#). The page is divided into three sections: **Verify Billing Information**, **Verify Payment Information**, and **Verify Purchase**. Each section contains a form with fields for personal and payment details. At the bottom, there are **< Back** and **Continue** buttons. The footer contains the text `IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54`.

<b>First Name</b>	Heather
<b>Middle Name</b>	
<b>Last Name</b>	Derringer
<b>Address</b>	123 main st
<b>City</b>	indy
<b>State or Province</b>	Indiana
<b>Zip Code</b>	46250
<b>Phone</b>	317-512-5421
<b>Email Address</b>	scoobiefly@yahoo.com

<b>Card Type</b>	Visa
<b>Card Number</b>	XXXX-XXXX-XXXX-1111
<b>Expiration Date</b>	2/2014

**Verify Purchase**

Total Price \$357.51

Verify that all information is correct and click **Continue**. If you receive an error message, please make corrections and click **Continue**.

## Pay Selected Filings – Checkout Process – Payment via Credit Card (cont.)

The screenshot displays the IN.gov checkout process. At the top, the IN.gov logo and Indiana Department of Insurance are visible. The page is titled "Electronic Filings" and "Checkout". A navigation bar shows "Step 1" (selected), "Step 2", and "Step 3". A green checkmark icon and the word "SUCCESS!" are prominently displayed. Below this, a message states: "Your payment is successful. You will receive an email with the confirmation number(s)." A "Print Confirmation" button is located to the right. The "Submitted Billing Information" section includes fields for First Name (Heather), Middle Name, Last Name (Derringer), Address (123 test lane), City (indy), State or Province (Indiana), Zip Code (46250), Phone (317-456-4512), and Email Address (scoobiefty@yahoo.com). The "Submitted Payment Information" section includes Card Type (Visa), Card Number (XXXX-XXXX-XXXX-1111), and Expiration Date (5/2014). A "Receipt For Purchase" section shows a Total Price of \$274.38. At the bottom, there are links for "IN.gov Home" and "Indiana Department of Insurance Home" and a version number "v 1.0.0.76".

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

If your payment is successful, you will see this screen. Either the carrier admin or carrier payer (user completing payment process) will receive an email with confirmation number(s) for each certificate included in this payment. The time for processing will vary depending upon the number of certificates that were submitted for payment.

You may now click **Back to Dashboard** to proceed with additional options.

## Pay Selected Filings – Checkout Process – Payment via Echeck (cont.)

**IN.gov** Indiana Department of Insurance

Electronic Filings [Back To Dashboard](#) | [Log Off](#)

### Checkout

**Step 1**   Step 2   Step 3

*\* Required Field*

#### Billing Information

\*First Name

Middle Name

\*Last Name

\*Address

\*City

\*State or Province

\*Zip Code

\*Phone

\*E-mail Address

#### Payment Information

\*Payment Type

eCheck

\*Routing Number

\*Account Number

7	8	9
4	5	6
1	2	3
CLEAR	0	BKSP

#### Surcharge

\$123.00

#### Credits

Credit Available

Amount to Apply

**Continue**

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.76

Verify that all information is correct and click **Continue**. If you receive an error message, please make corrections and click **Continue**.



## Pay Selected Filings – Checkout Process – Payment via Echeck (cont.)

The screenshot displays the IN.gov checkout process. At the top, the IN.gov logo and Indiana Department of Insurance are visible. The page is titled "Electronic Filings" and "Checkout". A navigation bar shows "Step 1" (selected), "Step 2", and "Step 3". A green checkmark icon and the word "SUCCESS!" are prominently displayed. Below this, a message states: "Your payment is successful. You will receive an email with the confirmation number(s)." A "Print Confirmation" button is located to the right. The "Payment Order Number" is 181037. The "Submitted Billing Information" section includes: First Name (Heather), Middle Name, Last Name (Derringer), Address (123 test lane), City (indy), State or Province (Indiana), Zip Code (46250), Phone (317-456-4512), and Email Address (scoobiefly@yahoo.com). The "Submitted Payment Information" section includes: eCheck Routing Number (081000032) and eCheck Account Number (00349066637). A "Receipt For Purchase" section shows a "Total Price \$133.00". At the bottom, there are links for "IN.gov Home" and "Indiana Department of Insurance Home" and the version number "v 1.0.0.76".

IN.gov  
Indiana Department of Insurance

Electronic Filings

Checkout [← Back To Dashboard](#) | [Log Off](#)

Step 1 Step 2 Step 3

**SUCCESS!**  
Your payment is successful. You will receive an email with the confirmation number(s).

Print Confirmation

Payment Order Number 181037

**Submitted Billing Information**

First Name Heather  
Middle Name  
Last Name Derringer  
Address 123 test lane  
City indy  
State or Province Indiana  
Zip Code 46250  
Phone 317-456-4512  
Email Address scoobiefly@yahoo.com

**Submitted Payment Information**

eCheck Routing Number 081000032  
eCheck Account Number 00349066637

**Receipt For Purchase**

Total Price \$133.00

[IN.gov Home](#) | [Indiana Department of Insurance Home](#) | v 1.0.0.76

If your payment is successful, you will see this screen. Either the carrier admin or carrier payer (user completing payment process) will receive an email with confirmation number(s) for each certificate included in this payment. The time for processing will vary depending upon the number of certificates that were submitted for payment.

You may now click **Back to Dashboard** to proceed with additional options.

## Pay Selected Filings – Checkout Process - **Payment Failed** (cont.)

IN.gov Indiana Department of Insurance

Electronic Filings [< Back To Dashboard](#) | [Log Off](#)

### Checkout

**Step 1** Step 2 Step 3

\* Required Field

**Payment data failed validation.**

#### Billing Information

\*First Name

Middle Name

\*Last Name

\*Address

\*City

\*State or Province

\*Zip Code

\*Phone

\*E-mail Address

#### Payment Information

\*Payment Type

eCheck

\*Routing Number

\*Account Number

7	8	9
4	5	6
1	2	3
CLEAR	0	BKSP

#### Surcharge

\$258.00

#### Credits

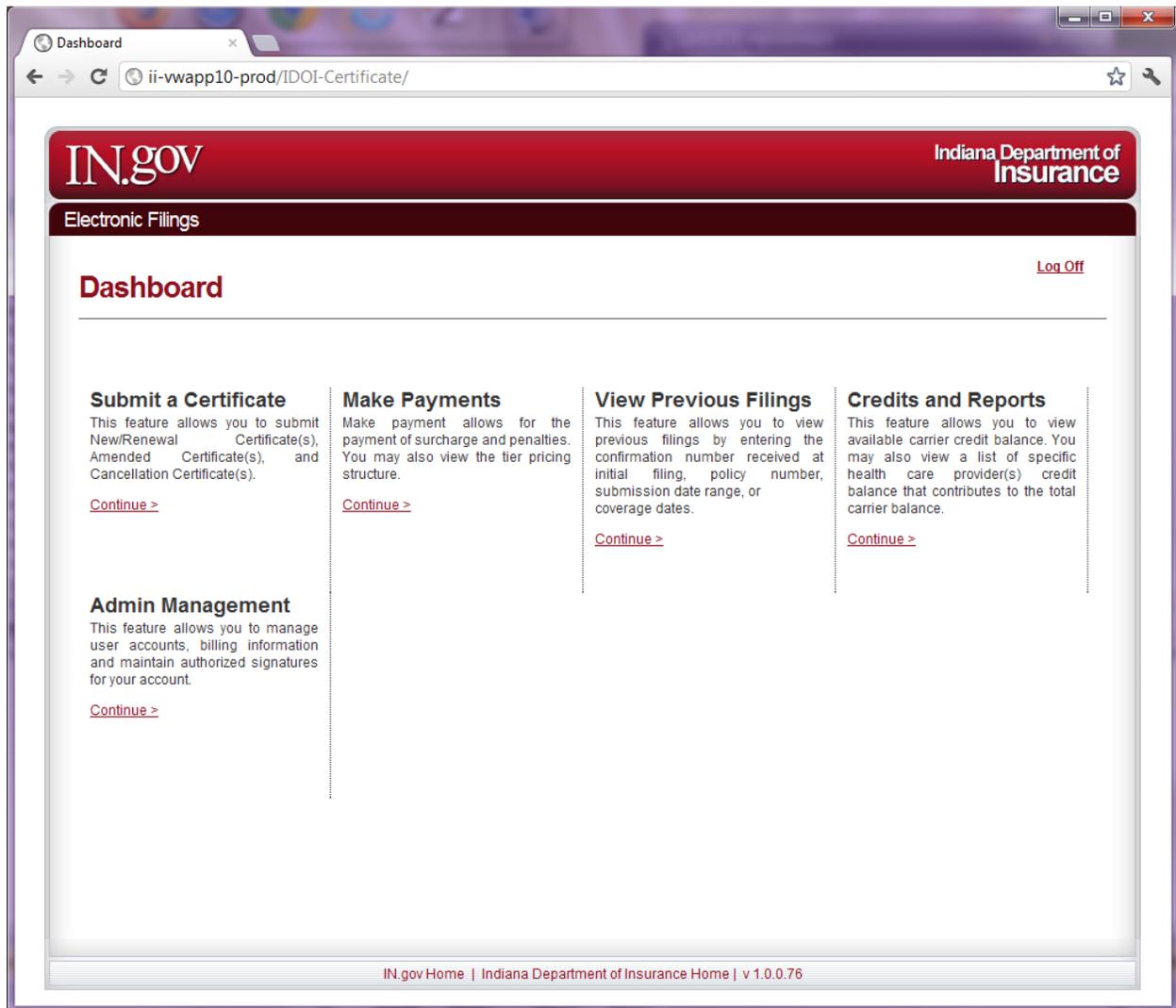
Credit Available \$21,414.00

Amount to Apply

IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.76

You may receive an error message if you have entered an incorrect routing number for an Echeck or an incorrect account number for a credit card. Please verify information and try your payment again. If you continue to have problems entering your payment information, please check with your financial institution.

# View Previous Filings



Click Continue under View Previous Filings on the Dashboard to proceed.

## View Previous Filings (cont.)

The screenshot shows a web browser window with the title 'View Previous Filings' and the URL 'ii-vwapp10-prod/IDOI-Certificate/Certification/SearchPreviousFilings'. The page header includes the 'IN.gov' logo and 'Indiana Department of Insurance'. Below the header is a dark red bar with the text 'Electronic Filings'. The main content area is titled 'View Previous Filings' and includes a link for '< Back To Dashboard | Log Off'. The form contains several input fields: 'Certificate Confirmation Number', 'Provider Name', and 'Policy Number', each with a text input box. Below these are two date range sections: 'Submission Date Range' and 'Coverage Dates', each with 'From' and 'To' text boxes and calendar icons. At the bottom of the form are two buttons: '< Back' and 'Submit'. The footer of the page contains the text 'IN.gov Home | Indiana Department of Insurance Home | v 1.0.0.54'.

You may search by a previously submitted certificate by entering information into the search fields. Your search will be narrowed by entering as much information into as many fields as you can. The Certificate Confirmation Number was provided via email when the certificate was previously submitted.

Click **Submit** to proceed.

## View Previous Filings (cont.)

View Previous Filings

ii-vwapp10-prod/IDOI-Certificate/Certification/SearchPreviousFilings

IN.gov Indiana Department of Insurance

Electronic Filings

[< Back To Dashboard](#) | [Log Off](#)

### View Previous Filings

Show 10 entries

	Coverage Dates	Provider Name	Policy #	Surcharge	Penalty	Certificate	Created By	Options
<input type="checkbox"/>	4/4/2012 - 4/25/2012	Amy Carter	5464	\$1.00	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/2/2012 - 4/30/2012	Amy Carter	4565	\$100.00	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/3/2012 - 4/26/2012	Amy Carter	56456454	\$300.32	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	546564564	\$352.55	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	4564	\$100.00	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/3/2012 - 4/30/2012	Amy Carter	4566	\$100.00	\$0.00	New Filing	Heather Derringer	View
<input type="checkbox"/>	4/4/2012 - 4/30/2012	Timmy Bee	456	\$169.75	\$0.00	New Filing	Heather Derringer	View

Showing 1 to 7 of 7 entries

[< Back](#) [Select All](#) [First](#) [Previous](#) [1](#) [Next](#) [Last](#) [Export to PDF](#)

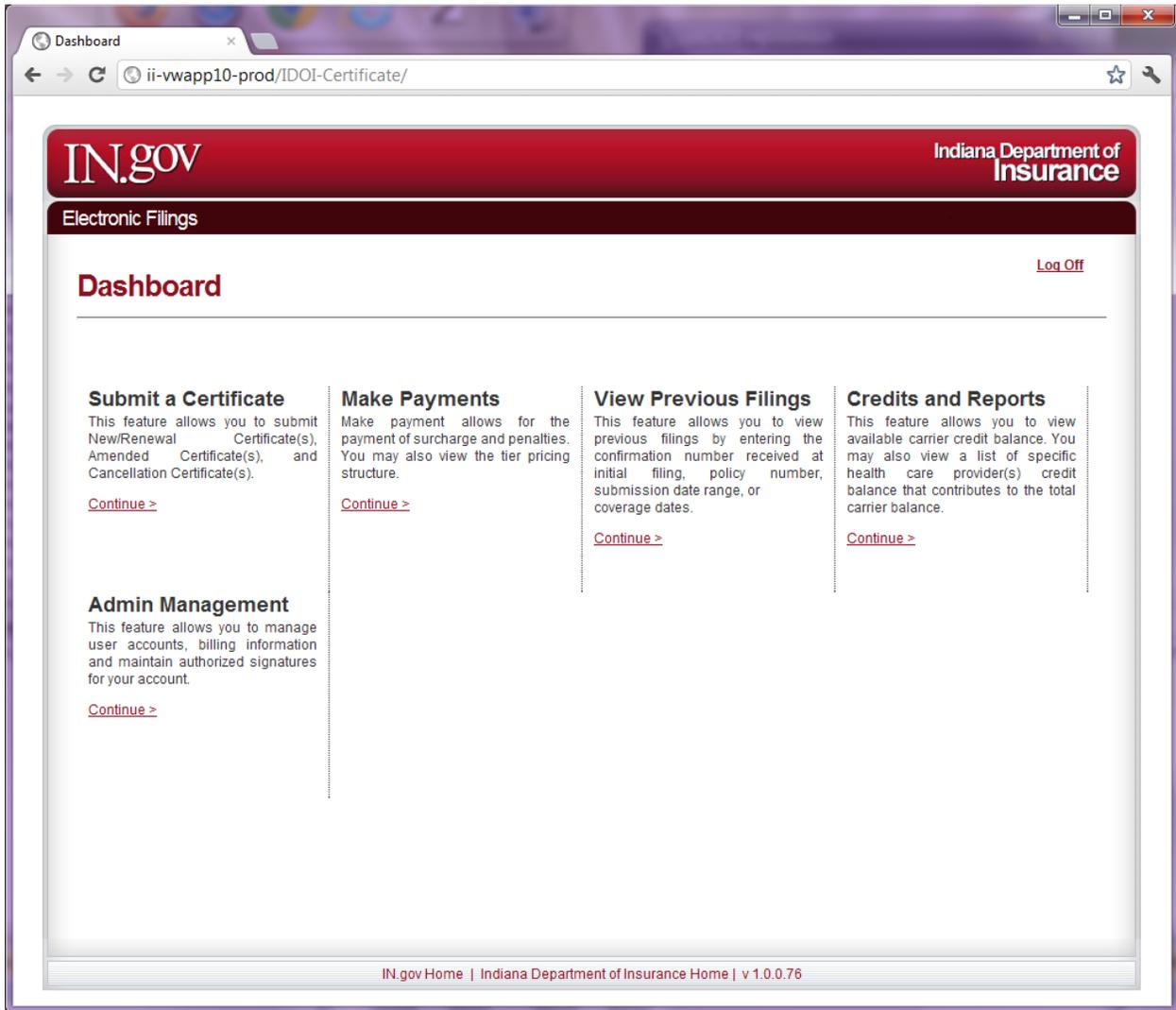
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Certificates previously submitted will appear in a list. By clicking the box to the left of the certificate, you may view all information by clicking on View. If the certificate does not appear on this page, click next or previous to see more certificates.

You may also export an individual certificate or select all to export all certificates to a .pdf list.

If you would like to go back, click **Return to Dashboard** or the Back button.

# Credits and Reports



Click **Continue** under Credits and Reports on the Dashboard to proceed.

## Credits and Reports (cont.)

Credits and Reports

ii-vwapp10-prod/IDOI-Certificate/Certification/CreditReports

IN.gov Indiana Department of Insurance

Electronic Filings

Credits and Reports [< Back To Dashboard](#) | [Log Off](#)

Credit Report

The Total Credit Available is \$0.00

Credit Details Report

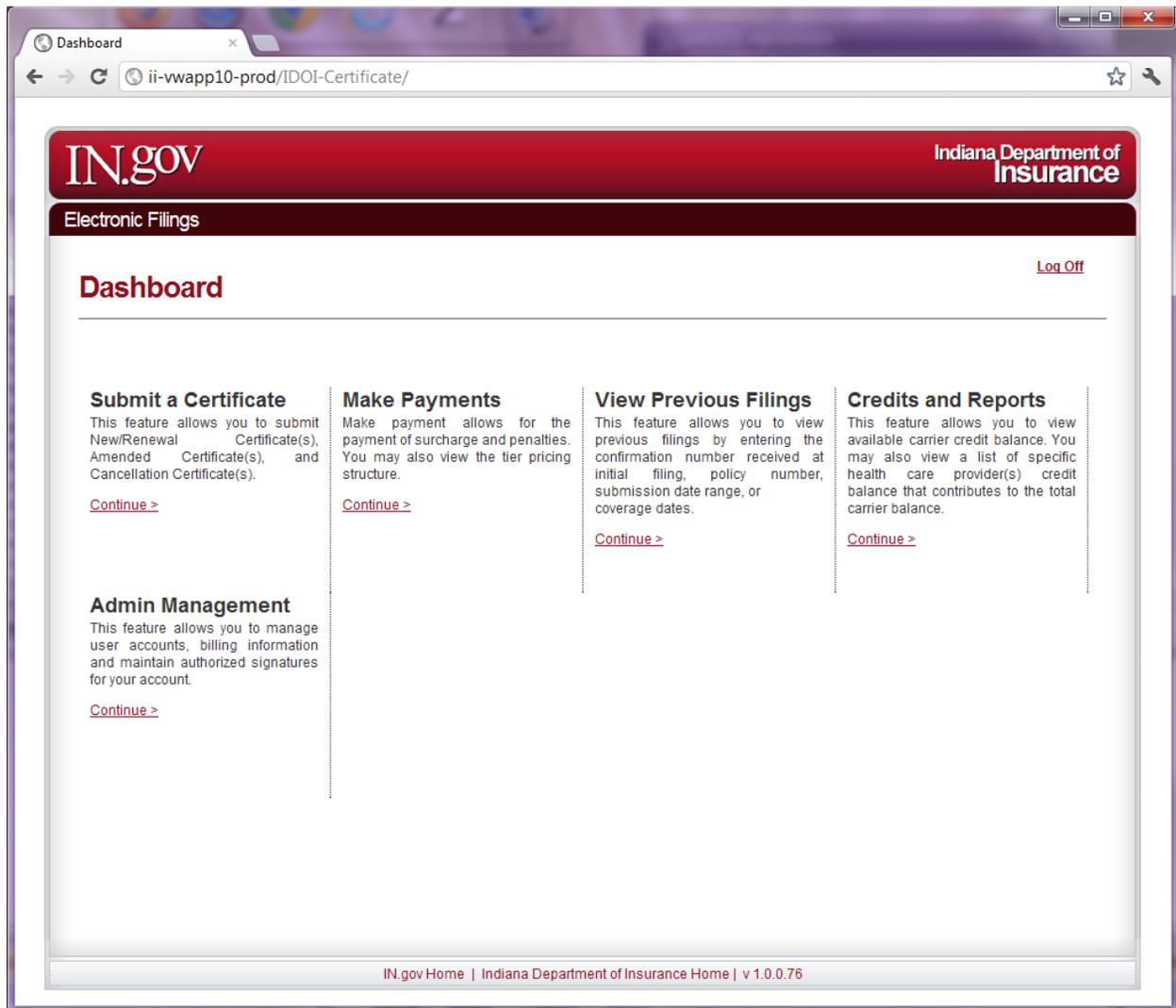
Provider Name	Policy #	Date Amount Issued	Credit Amount
NO CREDITS.			

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Any credits that are available to use will be shown on this page. You may use any part of or all of this amount when making payments during the Checkout Process and entering the amount in the Amount to Apply field.

Click **Back** to Dashboard to continue.

# Admin Management



Click **Continue** under Admin Management on the Dashboard to proceed.

## Admin Management (cont.)

The screenshot shows a web browser window titled "Admin Management" with the URL "ii-vwapp10-prod/IDOI-Certificate/Membership/ManageUsers". The page header includes the "IN.gov" logo and "Indiana Department of Insurance". Below the header, there is a "Electronic Filings" section and a "Admin Management" title. A navigation bar contains links for "Search Users", "New User", "Unlimited Subscription", "Authorized Signature", and "Billing Information". A "Search Results" section displays a table with one entry for "Derringer, Heather", who is a "Super User" with the username "Testheather" and was added on "04/02/2012". The table includes columns for "Last Name, First Name", "User Role", "Username", and "Date Added". Below the table, it says "Showing 1 to 1 of 1 entries" and provides pagination controls: "First", "Previous", "1", "Next", and "Last". At the bottom of the page, there is a footer with links to "IN.gov Home" and "Indiana Department of Insurance Home" and the version number "v 1.0.0.54".

Admin Management allows the designated user(s) to manage all other users for this account. You may add, view, or delete users, or edit current users and billing information. You may also upgrade your account to an Unlimited Subscription in this section.

Click **Return to Dashboard** once you have finished editing information.